#### Case 19-15329-btb Doc 1 Entered 08/19/19 16:15:46 Page 1 of 45

| Fill in this information to identify your case: |                                 |                                    |
|---|---------------------------------|------------------------------------|
| United States Bankruptcy Court for the:         |                                 |                                    |
| DISTRICT OF NEVADA                              | _                               |                                    |
| Case number (if known)                          | _ Chapter you are filing under: |                                    |
|   | ■ Chapter 7                     |                                    |
|   | ☐ Chapter 11                    |                                    |
|   | ☐ Chapter 12                    |                                    |
|   | ☐ Chapter 13                    | Check if this is an amended filing |

### Official Form 101

# **Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | rt 1: Identify Yourself   |  |   |
|-----|---|--|---|
|     |   | About Debtor 1:                          | About Debtor 2 (Spouse Only in a Joint Case): |
| 1.  | Your full name  |  |   |
|     | Write the name that is on   | Hugo                                     |   |
|     | your government-issued picture identification (for example, your driver's   | First name                               | First name                                    |
|     | license or passport).   | Middle name                              | Middle name                                   |
|     | Bring your picture  | Tellez-Macias                            |   |
|     | identification to your meeting with the trustee.  | Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III)      |
|     |   |  |   |
| 2.  | All other names you ha<br>used in the last 8 years  |  |   |
|     | Include your married or maiden names.   |  |   |
| 3.  | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-1715                              |   |

Debtor 1 Hugo Tellez-Macias

Case number (if known)

|    |  | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |
|----|--|---|--|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | ■ I have not used any business name or EINs.  Business name(s)  EINs  | ☐ I have not used any business name or EINs.  Business name(s)  EINs   |
| 5. | Where you live   | 3263 E Flamingo Rd. #208  | If Debtor 2 lives at a different address:  |
|    |  | Las Vegas, NV 89121  Number, Street, City, State & ZIP Code   | Number, Street, City, State & ZIP Code   |
|    |  | Clark County  | County   |
|    |  | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
|    |  | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code   |
| 6. | Why you are choosing this district to file for   | Check one:  | Check one:   |
|    | bankruptcy   | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                       |
|    |  | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)  | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)   |
|    |  |   |  |

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| Deb | otor 1 Hugo Tellez-Macia   | ıs                  |                             |  |                                    | Case number                                   | er (if known)   |    |
|-----|--|---------------------|-----------------------------|--|------------------------------------|---|---|----|
|     |  |                     |                             |  |                                    |   |   |    |
| Par | t 2: Tell the Court About  | our Bankrup         | tcy Case                    |  |                                    |   |   |    |
| 7.  | The chapter of the Bankruptcy Code you are   |                     |                             |  |                                    |   | 342(b) for Individuals Filing for Bankruptcy  |    |
|     | choosing to file under   | ■ Chapter 7         | 7                           |  |                                    |   |   |    |
|     |  | ☐ Chapter 1         | 11                          |  |                                    |   |   |    |
|     |  | ☐ Chapter 1         | 12                          |  |                                    |   |   |    |
|     |  | ☐ Chapter 1         | 13                          |  |                                    |   |   |    |
|     |  |                     |                             |  |                                    |   |   |    |
| 8.  | How you will pay the fee   | about l<br>order.   | now you n                   | nay pay. Typically, if you orney is submitting your            | are paying the                     | fee yourself, you m                           | rk's office in your local court for more detail<br>ay pay with cash, cashier's check, or mone<br>ney may pay with a credit card or check wit  | y  |
|     |  |                     |                             |  |                                    | s option, sign and a                          | attach the Application for Individuals to Pay   |    |
|     |  |                     | J                           | n <i>Installments</i> (Official Fo                             | ,                                  | s option only if you a                        | are filing for Chapter 7. By law, a judge may   |    |
|     |  | but is r<br>applies | not require<br>s to your fa | ed to, waive your fee, and<br>amily size and you are u         | I may do so on<br>nable to pay the | ly if your income is<br>e fee in installments | less than 150% of the official poverty line the stress than 150% of the official poverty line the stress that some stress had some some | at |
|     |  |                     |                             |  |                                    |   |   |    |
| 9.  | Have you filed for   | ■ No.               |                             |  |                                    |   |   |    |
|     | bankruptcy within the last 8 years?  | ☐ Yes.              |                             |  |                                    |   |   |    |
|     |  |                     | istrict                     |  | When                               |   | Case number   |    |
|     |  | D                   | istrict                     |  | When                               |   | Case number   |    |
|     |  | D                   | istrict _                   |  | When                               |   | Case number   |    |
|     |  |                     |                             |  |                                    |   |   |    |
| 10. | Are any bankruptcy   | ■ No                |                             |  |                                    |   |   |    |
|     | cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ☐ Yes.              |                             |  |                                    |   |   |    |
|     |  | D                   | ebtor _                     |  |                                    |   | Relationship to you   |    |
|     |  | D                   | istrict _                   |  | When                               |   | Case number, if known   |    |
|     |  | D                   | ebtor _                     |  |                                    |   | Relationship to you   |    |
|     |  | D                   | istrict _                   |  | When                               |   | Case number, if known   |    |
| 11. | Do you rent your residence?  | ■ No.               | Go to line                  | 12.  |                                    |   |   |    |
|     | . Joinottoo .  | ☐ Yes.              | Has your                    | landlord obtained an evid                                      | tion judgment a                    | against you?                                  |   |    |
|     |  | 1                   | □ No                        | o. Go to line 12.  |                                    |   |   |    |
|     |  | 1                   |                             | es. Fill out <i>Initial Stateme</i><br>is bankruptcy petition. | nt About an Ev                     | iction Judgment Ag                            | ainst You (Form 101A) and file it as part of  |    |
|     |  |                     |                             |  |                                    |   |   |    |

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| Deb | otor 1 Hugo Tellez-Macia  | as   |                 |                       | Case number (if known)  |
|-----|---|--|-----------------|-----------------------|---|
|     |   |  |                 |                       |   |
| Par | Report About Any Bu   | ısinesses  | You Own         | as a Sole Proprie     | etor  |
| 12. | Are you a sole proprietor of any full- or part-time business?   | ■ No.  | Go to           | Part 4.               |   |
|     |   | ☐ Yes.   | Name            | and location of bus   | siness  |
|     | A sole proprietorship is a<br>business you operate as<br>an individual, and is not a<br>separate legal entity such<br>as a corporation,<br>partnership, or LLC. |  | Name            | of business, if any   |   |
|     | If you have more than one sole proprietorship, use a separate sheet and attach  |  | Numb            | er, Street, City, Sta | ate & ZIP Code  |
|     | it to this petition.  |  | Check           | k the appropriate bo  | ox to describe your business:   |
|     |   |  |                 | Health Care Busin     | ness (as defined in 11 U.S.C. § 101(27A))   |
|     |   |  |                 | Single Asset Real     | ll Estate (as defined in 11 U.S.C. § 101(51B))  |
|     |   |  |                 | Stockbroker (as d     | defined in 11 U.S.C. § 101(53A))  |
|     |   |  |                 | Commodity Broke       | er (as defined in 11 U.S.C. § 101(6))   |
|     |   |  |                 | None of the above     | re  |
| 13. | Are you filing under<br>Chapter 11 of the<br>Bankruptcy Code and are<br>you a small business<br>debtor?   | deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance she cruptcy Code and are operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follows a small business in 11 U.S.C. 1116(1)(B). |                 |                       | a small business debtor, you must attach your most recent balance sheet, statement of   |
|     | For a definition of small   | ■ No.  | I am r          | ot filing under Chap  | pter 11.  |
|     | business debtor, see 11 U.S.C. § 101(51D).  | □ No.  | I am f<br>Code. |                       | 11, but I am NOT a small business debtor according to the definition in the Bankruptcy  |
|     |   | ☐ Yes.   | I am f          | iling under Chapter   | 11 and I am a small business debtor according to the definition in the Bankruptcy Code. |
| Par | t 4: Report if You Own or   | · Have Any   | · Hazardo       | us Property or An     | ny Property That Needs Immediate Attention  |
| 14. | Do you own or have any property that poses or is  | ■ No.  |                 |                       |   |
|     | alleged to pose a threat<br>of imminent and<br>identifiable hazard to   | ☐ Yes.   | What is         | the hazard?           |   |
|     | public health or safety? Or do you own any property that needs  |  |                 | liate attention is    |   |
|     | immediate attention?  |  | needed,         | why is it needed?     |   |
|     | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?   |  | Where is        | s the property?       |   |
|     | O   |  |                 |                       | Number, Street, City, State & Zip Code  |
|     |   |  |                 |                       |   |
|     |   |  |                 |                       |   |

Debtor 1 Hugo Tellez-Macias

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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| Deb | otor 1 Hugo Tellez-Macia                                       | as  |  |                         | Case number                             | er (if known)  |  |
|-----|--|---|--|-------------------------|---|--|--|
| Par | t 6: Answer These Quest  | ions for R  | eporting Purposes  |                         |   |  |  |
| 16. | What kind of debts do you have?                                | 16a.  | Are your debts primarily individual primarily for a pe   |                         |   | ned in 11 U.S.C. § 101(8) as "incurred by an                       |  |
|     |  |   | ☐ No. Go to line 16b.  |                         |   |  |  |
|     |  |   | Yes. Go to line 17.  |                         |   |  |  |
|     |  | 16b.  | Are your debts primarily money for a business or in-   |                         |   |  |  |
|     |  |   | ☐ No. Go to line 16c.  | S .                     | •                                       |  |  |
|     |  |   | ☐ Yes. Go to line 17.  |                         |   |  |  |
|     |  | 16c.  | State the type of debts you  | owe that are not consu  | ımer debts or busines                   | ss debts   |  |
|     |  |   |  |                         |   |  |  |
| 17. | Are you filing under Chapter 7?                                | □ No.   | I am not filing under Chapte   | er 7. Go to line 18.    |   |  |  |
|     | Do you estimate that after any exempt property is excluded and | Yes.  | I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?  |                         |   |  |  |
|     | administrative expenses  |   | ■ No   |                         |   |  |  |
|     | are paid that funds will<br>be available for                   |   | □Yes   |                         |   |  |  |
|     | distribution to unsecured creditors?                           |   |  |                         |   |  |  |
| 18. |  | <b>■</b> 1-49   |  | <b>1</b> ,000-5,000     | <br>)                                   | ☐ 25,001-50,000  |  |
|     | you estimate that you owe?                                     | ☐ 50-99   |  | □ 5001-10,00            | 0                                       | <b>5</b> 0,001-100,000   |  |
|     | owo.   | ☐ 100-1   |  | ☐ 10,001-25,0           | 000                                     | ☐ More than100,000   |  |
|     |  | 200-9   | 99   |                         |   |  |  |
| 19. | •  | <b>\$0 - \$</b>   | 50,000   | □ \$1,000,001           |   | ☐ \$500,000,001 - \$1 billion                                      |  |
|     | estimate your assets to<br>be worth?                           |   | 01 - \$100,000   |                         | 1 - \$50 million                        | □ \$1,000,000,001 - \$10 billion                                   |  |
|     |  |   | 001 - \$500,000<br>001 - \$1 million   |                         | 1 - \$100 million<br>01 - \$500 million | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion         |  |
|     |  | <b>—</b> \$500,   |  | . , ,                   | ·                                       | ·  |  |
| 20. | How much do you estimate your liabilities                      | <b>\$0 - \$</b>   |  | \$1,000,001             |   | □ \$500,000,001 - \$1 billion                                      |  |
|     | to be?   |   | 01 - \$100,000   |                         | 1 - \$50 million<br>1 - \$100 million   | □ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion |  |
|     |  |   | 001 - \$500,000<br>001 - \$1 million   |                         | 01 - \$500 million                      | ☐ More than \$50 billion   |  |
|     |  |   |  |                         |   |  |  |
| Par | t 7: Sign Below  |   |  |                         |   |  |  |
| For | you  | I have ex   | amined this petition, and I d  | eclare under penalty of | perjury that the inforr                 | mation provided is true and correct.                               |  |
|     |  | If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. |  |                         |   |  |  |
|     |  | If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).  |  |                         |   |  |  |
|     |  | I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.  |  |                         |   |  |  |
|     |  | bankrupto<br>and 3571   | I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |                         |   |  |  |
|     |  |   | Tellez-Macias<br>ellez-Macias  |                         | Signature of Debto                      | r 2  |  |
|     |  |   | of Debtor 1  |                         | -                                       |  |  |
|     |  | Executed  | on August 19, 2019   |                         | Executed on                             |  |  |
|     |  |   | MM / DD / YYYY   |                         | MM                                      | I / DD / YYYY  |  |
|     |  |   |  |                         |   |  |  |

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| Debtor 1 | Hugo Tellez-Macias | Case number (if known) |
|----------|--------------------|------------------------|
|          | riugo renez macias | Cacc names (" money    |

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Ryan Alexander                                      | Date          | August 19, 2019       |  |  |  |
|---|---------------|-----------------------|--|--|--|
| Signature of Attorney for Debtor                        | _             | MM / DD / YYYY        |  |  |  |
| Ryan Alexander Printed name                             |               |                       |  |  |  |
| Ryan Alexander Chtd. Firm name                          |               |                       |  |  |  |
| 3017 W Charleston Blvd. Suite 58<br>Las Vegas, NV 89102 |               |                       |  |  |  |
| Number, Street, City, State & ZIP Code                  |               |                       |  |  |  |
| Contact phone (702) 868-3311                            | Email address | Ryan@RyanAlexander.us |  |  |  |
| 10845 NV  |               |                       |  |  |  |
| Bar number & State                                      |               |                       |  |  |  |

Certificate Number: 17572-NV-CC-033198786



# **CERTIFICATE OF COUNSELING**

I CERTIFY that on <u>August 2, 2019</u>, at 3:41 o'clock <u>PM PDT</u>, <u>Hugo Tellez-Macias</u> received from <u>Dollar Learning Foundation</u>, <u>Inc.</u>, an agency approved pursuant to 11 U.S.C. 111 to provide credit counseling in the <u>District of Nevada</u>, an individual [or group] briefing that complied with the provisions of 11 U.S.C. 109(h) and 111.

A debt repayment plan <u>was not prepared</u>. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: August 2, 2019 By: /s/Linda Duarte

Name: Linda Duarte

Title: Counselor

<sup>\*</sup> Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. *See* 11 U.S.C. 109(h) and 521(b).

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

# The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |  |
|------------|--------------------|--|
| \$245      | filing fee         |  |
| \$75       | administrative fee |  |
| + \$15     | trustee surcharge  |  |
| \$335      | total fee          |  |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

\$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

# Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing tee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy\_form

http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

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| Fill  | in this information to identify your case  | e:                          |   |                    |                   |
|-------|--|-----------------------------|---|--------------------|-------------------|
|       | tor 1 Hugo Tellez-Macias   |                             |   |                    |                   |
| D - 1 | First Name   | Middle Name                 | Last Name   |                    |                   |
|       | tor 2 use if, filing) First Name   | Middle Name                 | Last Name   |                    |                   |
| Uni   | ed States Bankruptcy Court for the: D  | ISTRICT OF NEVADA           |   |                    |                   |
| Cas   | e number<br><sub></sub>  |                             |   | ☐ Check            | if this is an     |
|       |  |                             |   | amend              | ed filing         |
|       |  |                             |   |                    |                   |
|       | ficial Form 106Sum   |                             |   |                    |                   |
|       |  |                             | Certain Statistical Information   |                    | 2/15              |
| nfo   |  | rst; then complete the in   | e filing together, both are equally responsible for<br>nformation on this form. If you are filing amend<br>the box at the top of this page. |                    |                   |
| Par   | 1: Summarize Your Assets   | •                           |   |                    |                   |
|       |  |                             |   | Your as            | sets              |
|       |  |                             |   |                    | what you own      |
| 1.    | Schedule A/B: Property (Official Form  | 106A/B)<br>Schedule A/B     |   | \$                 | 0.00              |
|       |  |                             |   |                    | 4 507 70          |
|       |  | •                           |   | \$                 | 1,597.78          |
|       | 1c. Copy line 63, Total of all property on   | Schedule A/B                |   | \$                 | 1,597.78          |
| Par   | 2: Summarize Your Liabilities  |                             |   |                    |                   |
|       |  |                             |   | Your lia<br>Amount |                   |
| •     | Och a data D. Oca d'Assa What Have Ola 'as   | 0                           | (Catal Face 400D)   | Amount             | you owe           |
| 2.    | Schedule D: Creditors Who Have Claims<br>2a. Copy the total you listed in Column A |                             | bottom of the last page of Part 1 of Schedule D   | \$                 | 0.00              |
| 3.    | Schedule E/F: Creditors Who Have Uns   |                             |   | <b>c</b>           | 0.00              |
|       | 3a. Copy the total claims from Part 1 (pr  | riority unsecured claims) f | from line 6e of Schedule E/F  | \$                 | 0.00              |
|       | 3b. Copy the total claims from Part 2 (no  | onpriority unsecured clain  | ns) from line 6j of Schedule E/F  | \$                 | 21,496.00         |
|       |  |                             | Your total liabilities  | ¢.                 | 04 400 00         |
|       |  |                             | four total liabilities  | <b>\$</b>          | 21,496.00         |
| Par   | 3: Summarize Your Income and Exp   | penses                      |   |                    |                   |
| 4.    | Schedule I: Your Income (Official Form   | 1061)                       |   |                    |                   |
|       |  |                             |   | \$                 | 2,788.45          |
| 5.    | Schedule J: Your Expenses (Official For Copy your monthly expenses from line 2     |                             |   | \$                 | 3,075.36          |
| Par   | 4: Answer These Questions for Adr  | ministrative and Statistic  | cal Records   |                    |                   |
| 6.    | Are you filing for bankruptcy under C  ☐ No. You have nothing to report on to      | •                           | ck this box and submit this form to the court with yo   | ur other sch       | edules.           |
|       | Yes  |                             |   |                    |                   |
| 7.    | What kind of debt do you have?   |                             |   |                    |                   |
|       |  |                             | ts are those "incurred by an individual primarily for or statistical purposes. 28 U.S.C. § 159.   | a personal, t      | family, or        |
|       | Your debts are not primarily contained the court with your other schedules         |                             | nothing to report on this part of the form. Check this  | s box and su       | bmit this form to |

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

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Debtor 1 Hugo Tellez-Macias

Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ 3,683.33

Ocopy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on Schedule E/F, copy the following:   | Total cla | im   |
|--|-----------|------|
| 9a. Domestic support obligations (Copy line 6a.)   | \$        | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$        | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$        | 0.00 |
| 9d. Student loans. (Copy line 6f.)   | \$        | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$        | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$       | 0.00 |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$        | 0.00 |

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|   | 0430 10 1002   |  | - THE TEA GOT 10/10 10:10.  | 40 1 age 10             | 01 40  |
|---|--|--|---|-------------------------|--|
| Fill in this infor  | mation to identify your                                    | case and this filing:  |   |                         |  |
| Debtor 1  | Hugo Tellez-Mac  | ias  |   |                         |  |
| Dobtor 2  | First Name   | Middle Name  | Last Name   |                         |  |
| Debtor 2<br>(Spouse, if filing)                                   | First Name   | Middle Name  | Last Name   |                         |  |
| United States Ba  | ankruptcy Court for the:                                   | DISTRICT OF NEVADA   |   |                         |  |
| Case number   |  |  |   |                         | ☐ Check if this is an  |
|   |  |  |   |                         | amended filing   |
|   |  |  |   |                         |  |
| Official Fo   | rm 106A/B  |  |   |                         |  |
| Schedul   | e A/B: Prop  | erty   |   |                         | 12/15  |
| think it fits best. B<br>information. If mor<br>Answer every ques | Be as complete and accurate space is needed, attach stion. | ate as possible. If two marrie<br>a separate sheet to this for | once. If an asset fits in more than one ad people are filing together, both are m. On the top of any additional pages, a You Own or Have an Interest In | equally responsible for | or supplying correct   |
| 1. Do you own or l  | have any legal or equitabl                                 | e interest in any residence,                                   | building, land, or similar property?  |                         |  |
| ■ No. Go to Par   | rt 2.  |  |   |                         |  |
| ☐ Yes. Where i  | is the property?   |  |   |                         |  |
|   |  |  |   |                         |  |
| Part 2: Describe  | Your Vehicles  |  |   |                         |  |
|   |  |  | hicles, whether they are registere ule G: Executory Contracts and Une   |                         | ny vehicles you own that                                     |
| 3. Cars, vans, tr   | ucks, tractors, sport u                                    | tility vehicles, motorcycle                                    | es  |                         |  |
| ■ No  |  |  |   |                         |  |
| □ Yes   |  |  |   |                         |  |
|   |  |  |   |                         |  |
|   |  |  | nal vehicles, other vehicles, and a ssels, snowmobiles, motorcycle according  |                         |  |
| ■ No  |  |  |   |                         |  |
| ☐ Yes   |  |  |   |                         |  |
|   |  |  |   | _                       |  |
|   |  |  | ntries from Part 2, including any e   |                         | \$0.00   |
| D. O. D. William  | V B  | .1.116   |   |                         |  |
|   | Your Personal and Hous<br>have any legal or equit          | able interest in any of th                                     | e following items?  |                         | Current value of the   |
|   |  | ·  | -   |                         | portion you own? Do not deduct secured claims or exemptions. |
|   | oods and furnishings<br>ajor appliances, furniture         | , linens, china, kitchenwar                                    | е   |                         |  |
| Yes. Desc   | ribe   |  |   |                         |  |
|   | Home Fu  | rnishings  |   |                         |  |
|   |  |  | #2058, Las Vegas NV 89121   |                         | \$300.00   |

Official Form 106A/B Schedule A/B: Property page 1

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| Debto    | or 1 Hug                                     | go Tellez-l   | Macias  | Case number (if known)                      |  |
|----------|--|---------------|---|---|--|
|          | ind  |               | d radios; audio, video, stereo, and digital equipment; compute<br>ohones, cameras, media players, games | ers, printers, scanners; music collections  | s; electronic devices  |
|          | Yes. Desc                                    | ribe          |   |   |  |
|          |  |               | Home and Personal Electronics<br>Location: 3263 E Flamingo Rd. #2058, Las Vegas N                       | NV 89121                                    | \$200.00   |
| Ex       |  | ntiques and f | igurines; paintings, prints, or other artwork; books, pictures, ons, memorabilia, collectibles          | or other art objects; stamp, coin, or basel | pall card collections;   |
|          | Yes. Desc                                    | ribe          |   |   |  |
| Ex       | <i>amples:</i> Sp                            | usical instru | graphic, exercise, and other hobby equipment; bicycles, pool t  | ables, golf clubs, skis; canoes and kaya    | ks; carpentry tools;   |
| <i>E</i> | -  |               | shotguns, ammunition, and related equipment   |   |  |
|          | xamples: E                                   |               | thes, furs, leather coats, designer wear, shoes, accessories  |   |  |
|          |  |               | Wearing Apparel<br>Location: 3263 E Flamingo Rd. #2058, Las Vegas I                                     | NV 89121                                    | \$100.00   |
| =        |  |               | velry, costume jewelry, engagement rings, wedding rings, heir   | loom jewelry, watches, gems, gold, silve    | ır   |
| E        | on-farm an<br>Examples: D<br>No<br>Yes. Desc | ogs, cats, b  | irds, horses  |   |  |
|          | No   | ersonal and   | I household items you did not already list, including any h   | health aids you did not list                |  |
|          |  |               | of all of your entries from Part 3, including any entries for umber here                                |   | \$600.00   |
| Part 4   | Describe                                     | Your Financ   | ial Assots  |   |  |
|          |  |               | gal or equitable interest in any of the following?  | <b>poi</b><br>Do                            | rrent value of the rtion you own? not deduct secured ms or exemptions. |
|          | <i>xamples:</i> M<br>No                      |               | ave in your wallet, in your home, in a safe deposit box, and or   | n hand when you file your petition          |  |
|          | l Form 106                                   |               | Schedule A/B: Property  |   | page 2   |

Official Form 106A/B Schedule A/B: Property

# 

| D  | ebtor 1 Hugo Telle:  | z-Macias     |   | Case number (if kr   | nown)                              |
|----|--|--------------|---|--|------------------------------------|
|    |  |              |   |  |                                    |
| 17 | institutions   |              |   | certificates of deposit; shares in credit unions, broken<br>the same institution, list each.                             | rage houses, and other similar     |
|    | □ No ■ Yes   |              |   | Institution name:  |                                    |
|    |  |              | Everyday Checking                                     |  |                                    |
|    |  | 17.1.        | #8884   | Wells Fargo Bank   | \$747.78                           |
|    |  | 17.2.        | Way2save Savings<br>#2227                             | Wells Fargo Bank   | \$50.00                            |
| 18 | _ '  |              |   | ge firms, money market accounts  |                                    |
|    | ■ No □ Yes   |              | Institution or issuer name                            | ::   |                                    |
| 10 |  | tock and     | interests in incornorate                              | d and unincorporated businesses, including an in   | terest in an LLC nartnership and   |
| 13 | joint venture  | stock and    | micresis in incorporate                               | d and difficorporated businesses, including an in  | terest in an LLO, partnership, and |
|    | ■ No   | oformation   | about them  |  |                                    |
|    | ☐ Yes. Give specific ir                                    |              | about tnem<br>me of entity:                           | % of ownership:  |                                    |
| 20 | Negotiable instrument                                      | s include p  | personal checks, cashiers                             | e and non-negotiable instruments ' checks, promissory notes, and money orders. to someone by signing or delivering them. |                                    |
|    | ■ No   | nomo arc     | mode you cannot transfer                              | to someone by signing or delivering them.  |                                    |
|    | ☐ Yes. Give specific in                                    | formation    | about them  |  |                                    |
|    |  | Iss          | uer name:   |  |                                    |
| 21 | Retirement or pensio  Examples: Interests in               |              |   | ), thrift savings accounts, or other pension or profit-sh  | aring plans                        |
|    | Yes. List each accou                                       |              | tely.<br>of account:                                  | Institution name:  |                                    |
| 22 | Security deposits and                                      | d prepayn    | nents   |  |                                    |
|    |  |              |   | you may continue service or use from a company cutilities (electric, gas, water), telecommunications co                  | empanies, or others                |
|    | Yes  |              |   | Institution name or individual:  |                                    |
|    |  | Rent         | al Security Deposit                                   | Solis at Flamingo  | \$200.00                           |
|    |  |              |   |  |                                    |
| 23 | _ `  | for a perio  | dic payment of money to                               | you, either for life or for a number of years)   |                                    |
|    | ■ No □ Yes   | ssuer nam    | ne and description.                                   |  |                                    |
| 24 | . <b>Interests in an educat</b><br>26 U.S.C. §§ 530(b)(1), |              |   | ed ABLE program, or under a qualified state tuitio   | n program.                         |
|    | ■ No □ Yes   | nstitution i | name and description. Sep                             | parately file the records of any interests.11 U.S.C. § 5   | 21(c):                             |
| 25 | Trusts equitable or f                                      | uture inte   | rests in property (other                              | than anything listed in line 1), and rights or power   | s exercisable for your benefit     |
| 20 | ■ No   | atare inte   | rests in property (other                              | indiranything noted in line 1/3, and rights of power   | 5 excrossable for your belieff     |
|    | ☐ Yes. Give specific in                                    | nformation   | about them  |  |                                    |
| 26 |  |              | as, trade secrets, and othes, websites, proceeds from | ner intellectual property om royalties and licensing agreements  |                                    |
|    | ■ No  No  Ves Give specific in                             | formation    | about them  |  |                                    |

Official Form 106A/B Schedule A/B: Property page 3

☐ Yes. Describe each claim.......

35. Any financial assets you did not already list

■ No

☐ Yes. Give specific information..

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....

\$997.78

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

No. Go to Part 6.

☐ Yes. Go to line 38.

Official Form 106A/B Schedule A/B: Property page 4

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| Debt         | or 1   | Hugo Tellez-Macias  |                       | Case number (if known)       |            |
|--------------|--------|---|-----------------------|------------------------------|------------|
| Part (       |        | scribe Any Farm- and Commercial Fishing-Related Property You ou own or have an interest in farmland, list it in Part 1. | Own or Have an Intere | st In.                       |            |
| 46. <b>D</b> | o you  | own or have any legal or equitable interest in any farm-  | or commercial fishir  | ng-related property?         |            |
| I            | No.    | Go to Part 7.   |                       |                              |            |
| l            | ☐ Yes. | . Go to line 47.  |                       |                              |            |
| Part 1       | 7:     | Describe All Property You Own or Have an Interest in That You   | Did Not List Above    |                              |            |
|              |        | have other property of any kind you did not already list?  bles: Season tickets, country club membership                |                       |                              |            |
|              | l No   | sees. Coacon tionete, country drab memberomp  |                       |                              |            |
|              |        | Give specific information   |                       |                              |            |
| 54.          | Add t  | he dollar value of all of your entries from Part 7. Write tha   | at number here        |                              | \$0.00     |
| Part 8       | 8:     | List the Totals of Each Part of this Form   |                       |                              |            |
| 55.          | Part 1 | : Total real estate, line 2   |                       |                              | \$0.00     |
| 56.          | Part 2 | 2: Total vehicles, line 5   | \$0.00                | -                            |            |
| 57.          | Part 3 | 3: Total personal and household items, line 15  | \$600.00              |                              |            |
| 58.          | Part 4 | 1: Total financial assets, line 36  | \$997.78              |                              |            |
| 59.          | Part 5 | 5: Total business-related property, line 45   | \$0.00                |                              |            |
| 60.          | Part 6 | 6: Total farm- and fishing-related property, line 52  | \$0.00                |                              |            |
| 61.          | Part 7 | 7: Total other property not listed, line 54 +   | \$0.00                |                              |            |
| 62.          | Total  | personal property. Add lines 56 through 61  | \$1,597.78            | Copy personal property total | \$1,597.78 |
| 63.          | Total  | of all property on Schedule A/B. Add line 55 + line 62  |                       |                              | \$1,597.78 |

Official Form 106A/B Schedule A/B: Property page 5

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| Fill in this infor     | mation to identify your  | case:              |           |                      |
|------------------------|--------------------------|--------------------|-----------|----------------------|
| Debtor 1               | Hugo Tellez-Maci         | ias                |           |                      |
|                        | First Name               | Middle Name        | Last Name |                      |
| Debtor 2               |                          |                    |           |                      |
| (Spouse if, filing)    | First Name               | Middle Name        | Last Name |                      |
| United States Ba       | ankruptcy Court for the: | DISTRICT OF NEVADA |           |                      |
| Case number (if known) |                          |                    |           | ☐ Check if this is a |
|                        |                          |                    |           | amended filing       |

## Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

#### Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on<br>Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim |   | Specific laws that allow exemption |
|--|--------------------------------------|-----------------------------------|---|------------------------------------|
|  | Copy the value from<br>Schedule A/B  | Ched                              | ck only one box for each exemption.                             |                                    |
| Home Furnishings<br>Location: 3263 E Flamingo Rd.                                      | \$300.00                             |                                   | \$300.00  | Nev. Rev. Stat. § 21.090(1)(b)     |
| #2058, Las Vegas NV 89121 Line from Schedule A/B: 6.1                                  |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |
| Home and Personal Electronics<br>Location: 3263 E Flamingo Rd.                         | \$200.00                             |                                   | \$200.00  | Nev. Rev. Stat. § 21.090(1)(b)     |
| #2058, Las Vegas NV 89121 Line from Schedule A/B: 7.1                                  |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |
| Wearing Apparel<br>Location: 3263 E Flamingo Rd.                                       | \$100.00                             |                                   | \$100.00  | Nev. Rev. Stat. § 21.090(1)(b)     |
| #2058, Las Vegas NV 89121<br>Line from <i>Schedule A/B</i> : 11.1                      |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |
| Everyday Checking #8884: Wells<br>Fargo Bank   | \$747.78                             |                                   | \$560.84  | Nev. Rev. Stat. § 21.090(1)(g)     |
| Line from Schedule A/B: 17.1   |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |
| Everyday Checking #8884: Wells<br>Fargo Bank   | \$747.78                             |                                   | \$186.94  | Nev. Rev. Stat. § 21.090(1)(z)     |
| Line from Schedule A/B: 17.1   |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |

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| Debt  | or 1 Hugo Tellez-Macias  |   | Case number (if known) |   |                                    |  |
|-------|--|---|------------------------|---|------------------------------------|--|
|       | Brief description of the property and line on<br>Schedule A/B that lists this property   | Current value of the portion you own      |                        |   | Specific laws that allow exemption |  |
|       |  | Copy the value from Check on Schedule A/B |                        | eck only one box for each exemption.                            |                                    |  |
|       | Way2save Savings #2227: Wells<br>Fargo Bank  | \$50.00                                   |                        | \$50.00   | Nev. Rev. Stat. § 21.090(1)(z)     |  |
|       | Line from Schedule A/B: 17.2   |   |                        | 100% of fair market value, up to any applicable statutory limit |                                    |  |
|       | Rental Security Deposit: Solis at Flamingo   | \$200.00                                  | •                      | \$200.00  | Nev. Rev. Stat. § 21.090(1)(n)     |  |
|       | Line from Schedule A/B: 22.1   |   |                        | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| (<br> | Are you claiming a homestead exemption (Subject to adjustment on 4/01/22 and every  No  Yes. Did you acquire the property cover  No  Yes | 3 years after that for ca                 | ases f                 | ,   | ,                                  |  |

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| Fill in this inform         |                         |                    |           |  |                       |
|-----------------------------|-------------------------|--------------------|-----------|--|-----------------------|
| Debtor 1 Hugo Tellez-Macias |                         |                    |           |  |                       |
|                             | First Name              | Middle Name        | Last Name |  |                       |
| Debtor 2                    |                         |                    |           |  |                       |
| (Spouse if, filing)         | First Name              | Middle Name        | Last Name |  |                       |
| United States Bar           | nkruptcy Court for the: | DISTRICT OF NEVADA |           |  |                       |
| Case number                 |                         |                    |           |  | ☐ Check if this is an |
|                             |                         |                    |           |  | amended filing        |

### Official Form 106D

## Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
  - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below.

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| Fill in this   | information to identify your   | case:   |   |   |   |       |
|--|--|---|---|---|---|-------|
| Debtor 1   | Hugo Tellez-Maci   | as  |   |   |   |       |
| 200101   | First Name   | Middle Name   | Last Name                               |   | _   |       |
| Debtor 2<br>(Spouse if, filing                               | r) First Name  | Middle Name   | Last Name                               |   | _   |       |
| , ,  | ,  |   | Zaot Hamo                               |   |   |       |
| United State   | es Bankruptcy Court for the:   | DISTRICT OF NEVADA  |   |   | _   |       |
| Case numb  | er   |   |   |   |   |       |
| (if known)   |  |   |   |   | Check if this is an   |       |
|  |  |   |   |   | amended filing  |       |
| Official F   | Form 106E/F  |   |   |   |   |       |
| Schedu   | le E/F: Creditors W  | ho Have Unsecure  | ed Claims                               |   | 12/15   |       |
| Schedule G:<br>Schedule D:<br>left. Attach th<br>name and ca | Executory Contracts and Unexp<br>Creditors Who Have Claims Sec<br>the Continuation Page to this pages<br>se number (if known). | ired Leases (Official Form 1060<br>ured by Property. If more space<br>ge. If you have no information to | G). Do not include<br>e is needed, copy | any creditors with parthe Part you need, fill i | A/B: Property (Official Form 106A/B) and<br>ially secured claims that are listed in<br>cout, number the entries in the boxes on<br>the top of any additional pages, write y | n the |
|  | ist All of Your PRIORITY Un  |   |   |   |   |       |
| _ ′  | creditors have priority unsecure   | d claims against you?   |   |   |   |       |
|  | Go to Part 2.  |   |   |   |   |       |
| ☐ Yes.   |  |   |   |   |   |       |
| Part 2:  | ist All of Your NONPRIORIT   | Y Unsecured Claims  |   |   |   |       |
|  | creditors have nonpriority unsec   |   |   |   |   |       |
|  | ou have nothing to report in this p  |   | with your other sch                     | edules  |   |       |
|  | ou have nothing to report in this p  | art. Capriit tiiis form to the court  | with your other son                     | sudics.   |   |       |
| Yes.   |  |   |   |   |   |       |
| unsecure   | ed claim, list the creditor separately   | y for each claim. For each claim l  | isted, identify what t                  | type of claim it is. Do not                     | creditor has more than one nonpriority<br>list claims already included in Part 1. If mo<br>red claims fill out the Continuation Page o                                      |       |
|  |  |   |   |   | Total claim   |       |
| 4.1 <b>Ca</b>  | pital One  | Last 4 digits of  | account number                          | 8050  | \$10  | 0.00  |
|  | priority Creditor's Name   | When was the  | dobt inquerod?                          |   |   |       |
|  | n: Insolvency<br>30 Capital One Drive  | when was the  | debt incurred?                          |   |   |       |
|  | Lean, VA 22102   |   |   |   |   |       |
|  | nber Street City State Zip Code  | As of the date y  | ou file, the claim                      | is: Check all that apply                        |   |       |
| _  | o incurred the debt? Check one.  | _   |   |   |   |       |
|  | Debtor 1 only  | ☐ Contingent  |   |   |   |       |
|  | Debtor 2 only  | ☐ Unliquidated  |   |   |   |       |
|  | Debtor 1 and Debtor 2 only   | ☐ Disputed  |   |   |   |       |
|  | At least one of the debtors and and  |   | RIORITY unsecure                        | d claim:  |   |       |
| □ deb  | Check if this claim is for a comi  | •   |   | vention agrees t "                              | area that you did not   |       |
|  | ne claim subject to offset?  | ☐ Obligations a report as priority  |   | aration agreement or div                        | orce that you did not   |       |
|  | -  |   |   | ng plans, and other simila                      | ur debts  |       |
|  | Yes  | Other Speci   | <sub>fv</sub> Credit Card               | l Charges                                       |   |       |

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| Pr 1 Hugo Tellez-Macias  |   | Case number (if known)   |  |
|--|---|--|--|
| Credit Acceptance Corporation  | Last 4 digits of account number   | 5881   | \$12,663.00  |
| C/O Kravitz, Schnitzer & Johnson<br>Chtd                             | When was the debt incurred?   | Unknown  |  |
| 8985 S Eastern Ave, Suite 200  |   |  |  |
| Number Street City State Zip Code                                    | As of the date you file, the claim i  | s: Check all that apply  |  |
| Who incurred the debt? Check one.                                    |   |  |  |
| Debtor 1 only  | ☐ Contingent  |  |  |
| Debtor 2 only  | ☐ Unliquidated  |  |  |
| ☐ Debtor 1 and Debtor 2 only   | Disputed  |  |  |
| ☐ At least one of the debtors and another                            | •   | d claim:   |  |
|  | ☐ Student loans   |  |  |
| debt<br>Is the claim subject to offset?                              | Obligations arising out of a separeport as priority claims  | ration agreement or divorce that you did not   |  |
| ■ No   | Debts to pension or profit-sharin   | g plans, and other similar debts   |  |
| Yes  | Other. Specify Collection   | Garnishment  |  |
| Desert Springs Hospital  | Last 4 digits of account number   | 9249   | \$1,600.00   |
| 2075 E. Flamingo Rd.   | When was the debt incurred?   | 11/25/2014   |  |
| Number Street City State Zip Code Who incurred the debt? Check one.  | As of the date you file, the claim i  | s: Check all that apply  |  |
| Debtor 1 only  | ☐ Contingent  |  |  |
| Debtor 2 only  |   |  |  |
|  |   |  |  |
|  | ·   | d claim:   |  |
|  | ☐ Student loans   |  |  |
| debt Is the claim subject to offset?                                 | ☐ Obligations arising out of a separeport as priority claims  | ration agreement or divorce that you did not   |  |
| No   | ☐ Debts to pension or profit-sharin   | g plans, and other similar debts   |  |
| Yes  | Other. Specify Meical Serv  | rices  |  |
| Oportun  | Last 4 digits of account number   | Unknown  | \$3,000.00   |
| PO Box 4085  | When was the debt incurred?   | 8/1/2019   |  |
| Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim i  | s: Check all that apply  |  |
| ■ Debtor 1 only  | ☐ Contingent  |  |  |
|  |   |  |  |
|  |   |  |  |
| _  |   | d claim:   |  |
| <u></u>  | ☐ Student loans   |  |  |
| debt Is the claim subject to offset?                                 | ☐ Obligations arising out of a separeport as priority claims  | ration agreement or divorce that you did not   |  |
| ■ No   | Debts to pension or profit-sharing  | g plans, and other similar debts   |  |
| Yes  | ■ Other, Specify Installment  | Loan Unsecured   |  |
|  | Nonpriority Creditor's Name C/O Kravitz, Schnitzer & Johnson Chtd Cristopher J Halcrow 8985 S Eastern Ave, Suite 200 Las Vegas, NV 89123 Number Street City State Zip Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes  Desert Springs Hospital Nonpriority Creditor's Name 2075 E. Flamingo Rd. Las Vegas, NV 89119 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes  Oportun Nonpriority Creditor's Name PO Box 4085 Menlo Park, CA 94026 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Anonpriority Creditor's Name PO Box 4085 Menlo Park, CA 94026 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No | Credit Acceptance Corporation Nonpriority Creditor's Name C/O Kravitz, Schnitzer & Johnson Chtd Cristopher J Halcrow 8885 S Eastern Ave, Suite 200 Las Vegas, NV 89123 Number Street City State Zip Code Who incurred the debt? Check one.  Debtor 1 only Debtor 1 and Debtor 2 only At least one of the debtors and another Croek if this claim is for a community debt Nonpriority Creditor's Name 2075 E. Flamingo Rd. Las Vegas, NV 89119 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 3 name 2075 E. Flamingo Rd. Las Vegas, NV 89119 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Croeditor's Name Oportun Nonpriority Creditor's Name PO Box 4085 Menlo Park, CA 94026 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 2 only Debtor 3 only Debtor 3 only Debtor 4 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 9 only Debtor 1 only Debtor 9 only Debtor 1 on | Credit Acceptance Corporation Nonprotity Creditor's Name C/O Kravitz, Schnitzer & Johnson Chtd Cristopher J Halcrow 8985 S Eastern Ave, Suite 200 Las Vegas, NV 89123 Number Street City State Zip Code Who incurred the debt? Check one.  Debtor 1 and Debtor 2 only   Debtor 1 and Debtor 2 only   Ves   Desert Springs Hospital Nonpriority Creditor's Name 2075 E. Flamingo Rd. Last 4 digits of account number   Other. Specify Collection Garnishment   Other Specif |

Official Form 106 E/F

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| Debtor 1             | Hugo Tell  | ez-Macias   |   | Case n     | umber (if      | known)                         |                         |
|----------------------|--|---|---|------------|----------------|--------------------------------|-------------------------|
|                      | rogressive                                       |   | Last 4 digits of account number                           | 4341       |                | _                              | \$700.00                |
| 2                    | onpriority Cred                                  | ata Dr  | When was the debt incurred?                               | 11/28      | 8/18           |                                |                         |
|                      | raper, UT  | 84020<br>City State Zip Code  | As of the date you file, the claim                        | is: Checl  | k all that a   | vlanı                          |                         |
|                      |  | the debt? Check one.  | , to or the date yearne, the slam.                        | 10. 011001 | it all triat a | , ppi                          |                         |
|                      | Debtor 1 onl                                     | у   | ☐ Contingent  |            |                |                                |                         |
|                      | Debtor 2 onl                                     | v   | ☐ Unliquidated  |            |                |                                |                         |
|                      | Debtor 1 and                                     | d Debtor 2 only   | □ Disputed  |            |                |                                |                         |
|                      | At least one                                     | of the debtors and another  | Type of NONPRIORITY unsecure                              | d claim:   |                |                                |                         |
|                      | Check if thi                                     | s claim is for a community  | ☐ Student loans   |            |                |                                |                         |
| de                   | ebt  | bject to offset?  | Obligations arising out of a sepreport as priority claims | aration aç | greement       | or divorce that you did not    |                         |
|                      | No   |   | Debts to pension or profit-shari                          | ng plans,  | and other      | similar debts                  |                         |
|                      | ] Yes  |   | Other. Specify Collection                                 |            |                |                                |                         |
|                      |  | lanagement  | Last 4 digits of account number                           | 7773       | l              |                                | \$3,433.00              |
| 8                    | onpriority Cred                                  | Rancho Dr   | When was the debt incurred?                               | Unkr       | nown           |                                |                         |
| N                    |  | NV 89106 Dity State Zip Code the debt? Check one.                   | As of the date you file, the claim                        | is: Checl  | k all that a   | apply                          |                         |
|                      | Debtor 1 onl                                     | V   | ☐ Contingent  |            |                |                                |                         |
|                      | Debtor 2 onl                                     |   | ☐ Unliquidated  |            |                |                                |                         |
|                      | _  | d Debtor 2 only   | ☐ Disputed  |            |                |                                |                         |
|                      | _  | of the debtors and another  | Type of NONPRIORITY unsecure                              | d claim:   |                |                                |                         |
|                      |  | s claim is for a community  | Student loans   |            |                |                                |                         |
| de                   | ebt  | bject to offset?  | Obligations arising out of a sepreport as priority claims | aration aç | greement       | or divorce that you did not    |                         |
|                      | No   |   | ☐ Debts to pension or profit-shari                        | ng plans,  | and other      | similar debts                  |                         |
|                      | ] Yes  |   | Other. Specify Collection                                 |            |                |                                |                         |
| Part 3:              | List Others                                      | s to Be Notified About a Deb  | t That You Already Listed                                 |            |                |                                |                         |
| is trying<br>have mo | to collect fro<br>re than one c<br>for any debts | m you for a debt you owe to sor                                     |   | n Parts 1  | or 2, the      | n list the collection agency l | nere. Similarly, if you |
| 6. Total the         |  | certain types of unsecured clair                                    | ns. This information is for statistical                   | reporting  | purpose        | s only. 28 U.S.C. §159. Add    | the amounts for each    |
|                      |  |   |   |            |                | Total Claim                    |                         |
|                      | 6a.  | Domestic support obligations  |   | 6a.        | \$             | 0.00                           |                         |
| Total claims         |  |   |   |            |                |                                |                         |
| from Part            | <b>1</b> 6b.                                     | Taxes and certain other debts                                       | you owe the government                                    | 6b.        | \$             | 0.00                           |                         |
|                      | 6c.  |   | njury while you were intoxicated                          | 6c.        | \$             | 0.00                           |                         |
|                      | 6d.  | Other. Add all other priority unse                                  | cured claims. Write that amount here.                     | 6d.        | \$             | 0.00                           |                         |
|                      | 6e.  | Total Priority. Add lines 6a thro                                   | ugh 6d.   | 6e.        | \$             | 0.00                           |                         |
|                      |  |   |   |            |                | Total Claim                    |                         |
| Total claims         | 6f.  | Student loans   |   | 6f.        | \$             | 0.00                           |                         |
| from Part            | <b>2</b> 6g.                                     |   | paration agreement or divorce that                        | 60         | ¢              | 0.00                           |                         |
|                      | 6h.  | you did not report as priority of<br>Debts to pension or profit-sha | laims<br>ring plans, and other similar debts              | 6g.<br>6h. | \$<br>\$       | 0.00                           |                         |
|                      | 6i.  | ·   | insecured claims. Write that amount                       | 6i.        | <b>–</b>       | 21,496.00                      |                         |

Official Form 106 E/F

here.

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| Debtor 1 | Hugo Tellez-Macias | Case number (if known) |  |
|----------|--------------------|------------------------|--|
|          |                    | -                      |  |

21,496.00

Total Nonpriority. Add lines 6f through 6i.

Official Form 106 E/F

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| Fill in this inform | nation to identify your     |                    |           |  |  |                     |  |  |
|---------------------|-----------------------------|--------------------|-----------|--|--|---------------------|--|--|
| Debtor 1            | Debtor 1 Hugo Tellez-Macias |                    |           |  |  |                     |  |  |
|                     | First Name                  | Middle Name        | Last Name |  |  |                     |  |  |
| Debtor 2            |                             |                    |           |  |  |                     |  |  |
| (Spouse if, filing) | First Name                  | Middle Name        | Last Name |  |  |                     |  |  |
| United States Bar   | nkruptcy Court for the:     | DISTRICT OF NEVADA |           |  |  |                     |  |  |
| Case number _       |                             |                    |           |  |  |                     |  |  |
| (if known)          |                             |                    |           |  |  | Check if this is an |  |  |
|                     |                             |                    |           |  |  | amended filing      |  |  |

## Official Form 106G

## **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | company with<br>Name, Number | whom you have the Street, City, State and ZIF | e contract or lease<br>Code | State what the contract or lease is for |
|-----|-----------|------------------------------|---|-----------------------------|---|
| 2.1 |           |                              |   |                             |   |
|     | Name      |                              |   |                             |   |
|     | Number    | Street                       |   |                             | _                                       |
|     | City      |                              | State   | ZIP Code                    | _                                       |
| 2.2 |           |                              |   |                             |   |
|     | Name      |                              |   |                             |   |
|     | Number    | Street                       |   |                             | <u> </u>                                |
|     | City      |                              | State   | ZIP Code                    | _                                       |
| 2.3 |           |                              |   |                             |   |
|     | Name      |                              |   |                             |   |
|     | Number    | Street                       |   |                             | <u> </u>                                |
|     | City      |                              | State   | ZIP Code                    | <del></del>                             |
| 2.4 | ,         |                              |   |                             |   |
|     | Name      |                              |   |                             | _                                       |
|     | Number    | Street                       |   |                             | _                                       |
|     | City      |                              | State   | ZIP Code                    | _                                       |
| 2.5 |           |                              |   |                             |   |
|     | Name      |                              |   |                             | <u> </u>                                |
|     | Number    | Street                       |   |                             | <u> </u>                                |
|     | City      |                              | State   | ZIP Code                    | <u> </u>                                |

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|                            |   |   |  |   | 9  |
|----------------------------|---|---|--|---|--|
| Fill in thi                | s information to identify yo                                    | ur case:  |  |   |  |
| Debtor 1                   | Hugo Tellez-Ma  | acias   |  |   |  |
|                            | First Name  | Middle Name   | Last Name  |   |  |
| Debtor 2<br>(Spouse if, fi | lling) First Name   | Middle Name   | Last Name  |   |  |
| United St                  | ates Bankruptcy Court for the                                   | e: DISTRICT OF NEVADA                                     |  |   |  |
| Case nun                   | nhor  |   |  |   |  |
| (if known)                 |   |   |  |   | ☐ Check if this is an amended filing   |
| Officia                    | al Form 106H  |   |  |   |  |
|                            | dule H: Your Co   | debtors   |  |   | 12/15  |
| Codebter                   | s are neonle or entities who                                    | are also liable for any deb                               | te vou may have Po s                             | e complete and accur                    | ate as possible. If two married  |
| people ar<br>fill it out,  | e filing together, both are e<br>and number the entries in t    | qually responsible for supp                               | olying correct information the Additional Page ( | tion. If more space is r                | needed, copy the Additional Page, ip of any Additional Pages, write  |
| 1. Do                      | you have any codebtors?   | (If you are filing a joint case,                          | do not list either spouse                        | e as a codebtor.                        |  |
| ■ No                       | )   |   |  |   |  |
| □ Ye                       | es  |   |  |   |  |
|                            |   | you lived in a community pr<br>na, Nevada, New Mexico, Pu |  |   | ty states and territories include  |
|                            | o. Go to line 3.  | pouse, or legal equivalent live                           | with you at the time?                            |   |  |
| <b>□</b> 16                | s. Dia your spouse, former sp                                   | pouse, or legal equivalent live                           | e with you at the time?                          |   |  |
| in lin<br>Form             | e 2 again as a codebtor onl                                     | ly if that person is a guaran                             | tor or cosigner. Make                            | sure you have listed t                  | ng with you. List the person shown<br>he creditor on Schedule D (Official<br>Schedule E/F, or Schedule G to fill |
|                            | Column 1: Your codebtor<br>Name, Number, Street, City, State an | d ZIP Code  |  | Column 2: The cre<br>Check all schedule | editor to whom you owe the debt es that apply:   |
| 3.1                        |   |   |  | ☐ Schedule D, lir                       | ne   |
|                            | Name  |   |  | ☐ Schedule E/F,                         | line   |
|                            |   |   |  | ☐ Schedule G, lir                       | ne   |
|                            | Number Street<br>City   | State   | ZIP Code   | _                                       |  |
| 3.2                        |   |   |  | □ Cabadula D. lin                       | ••   |
| J.Z                        | Name  |   |  | ☐ Schedule D, lir ☐ Schedule E/F,       |  |
|                            |   |   |  | ☐ Schedule G, lir                       |  |
|                            | Number Street   | State   | 7IP Code   |   |  |

| Fill                   | in this information to identify your ca  | ase:                          |                            |                       |                       |       |                   |                        |                               |                            |               |
|------------------------|--|-------------------------------|----------------------------|-----------------------|-----------------------|-------|-------------------|------------------------|-------------------------------|----------------------------|---------------|
| Del                    | btor 1 Hugo Tellez   | -Macias                       |                            |                       |                       | _     |                   |                        |                               |                            |               |
| 1 -                    | btor 2<br>buse, if filing)   |                               |                            |                       |                       | _     |                   |                        |                               |                            |               |
| Uni                    | ited States Bankruptcy Court for the   | : DISTRICT OF NEVAL           | DA                         |                       |                       |       |                   |                        |                               |                            |               |
| Case number (If known) |  |                               |                            |                       |                       |       | □ Ar              |                        |                               |                            | chapter       |
| 0                      | fficial Form 106I  |                               |                            |                       |                       |       | M                 | M / DD/ Y              | YYY                           |                            |               |
| S                      | chedule I: Your Inc  | ome                           |                            |                       |                       |       |                   |                        |                               |                            | 12/15         |
| sup<br>spo<br>atta     | as complete and accurate as possible plying correct information. If you use. If you are separated and you ch a separate sheet to this form.  Describe Employment | are married and not filing wi | ng jointly,<br>ith you, do | and your s            | spouse i<br>de infori | s liv | ng with yon about | you, inclu<br>your spo | ude informat<br>ouse. If more | tion about y<br>space is n | our<br>eeded, |
| 1.                     | Fill in your employment information.   |                               | Debtor '                   | 1                     |                       |       |                   | Debtor 2               | or non-filing                 | g spouse                   |               |
|                        | If you have more than one job,   |                               | ■ Employed                 |                       |                       |       | ☐ Emplo           | oyed                   | -                             |                            |               |
|                        | attach a separate page with information about additional   | Employment status             | ☐ Not employed             |                       |                       |       | ☐ Not e           | mployed                |                               |                            |               |
|                        | employers.   | Occupation                    | Line Cook                  |                       |                       |       |                   |                        |                               |                            |               |
|                        | Include part-time, seasonal, or self-employed work.  | Employer's name               | Babyst                     | acksCafe              | e 4LLC                |       |                   |                        |                               |                            |               |
|                        | Occupation may include student or homemaker, if it applies.  | Employer's address            |                            | Stephanie<br>rson, NV |                       | D     |                   |                        |                               |                            |               |
|                        |  | How long employed the         | here?                      | 5 Years               | <b>;</b>              |       |                   | _                      |                               |                            |               |
| Pai                    | rt 2: Give Details About Mor   | nthly Income                  |                            |                       |                       |       |                   |                        |                               |                            |               |
|                        | imate monthly income as of the diuse unless you are separated.   | ate you file this form. If y  | you have n                 | othing to re          | eport for             | any l | ine, write        | \$0 in the             | space. Includ                 | de your non-               | -filing       |
|                        | ou or your non-filing spouse have mo<br>e space, attach a separate sheet to  |                               | mbine the                  | information           | n for all e           | emplo | yers for t        | hat perso              | n on the lines                | s below. If yo             | ou need       |
|                        |  |                               |                            |                       |                       |       | For Deb           | tor 1                  | For Debto                     |                            |               |
| 2.                     | List monthly gross wages, sala deductions). If not paid monthly,   |                               |                            |                       | 2.                    | \$    | 3,                | 683.33                 | \$                            | N/A                        |               |
| 3.                     | Estimate and list monthly overt  | ime pay.                      |                            |                       | 3.                    | +\$   |                   | 0.00                   | +\$                           | N/A                        |               |

Official Form 106l Schedule I: Your Income page 1

4. **\$ 3,683.33** 

N/A

4. Calculate gross Income. Add line 2 + line 3.

| Debt | or 1                          | Hugo Tellez-Macias   | -        |           | Case i   | number ( <i>if k</i> | nowr         | 1)       |           |                 |                 |     |        |
|------|-------------------------------|--|----------|-----------|----------|----------------------|--------------|----------|-----------|-----------------|-----------------|-----|--------|
|      |                               |  |          |           | For      | Debtor 1             |              |          |           | Debtor          |                 |     |        |
|      | Сор                           | y line 4 here  | 4.       |           | \$       | 3,68                 | 3.3          | 3        | \$        | -filing s       | Pouse<br>N/A    |     |        |
| _    | 1 :04                         |  |          |           |          | ,                    |              |          |           |                 |                 |     |        |
| 5.   |                               | all payroll deductions:  | _        |           | •        |                      |              | _        | Φ.        |                 |                 |     |        |
|      | 5a.<br>5b.                    | Tax, Medicare, and Social Security deductions  Mandatory contributions for retirement plans  | 5a       | a.<br>b.  | \$<br>\$ | 89                   |              | _        | \$<br>_   |                 | N/A             |     |        |
|      | 5c.                           | Voluntary contributions for retirement plans   | 50       |           | \$<br>   |                      | 0.00<br>0.00 | _        | \$<br>    |                 | N/A             | _   |        |
|      | 5d.                           | Required repayments of retirement fund loans   | 50       |           | \$_      |                      | 0.00         | _        | \$_       |                 | N/A             | _   |        |
|      | 5e.                           | Insurance  | 56       |           | \$_      |                      | 0.00         | _        | \$        |                 | N/A             | _   |        |
|      | 5f.                           | Domestic support obligations   | 5f       | f.        | \$       |                      | 0.0          | 0        | \$        | -               | N/A             | 4   |        |
|      | 5g.                           | Union dues   | 5        | g.        | \$       |                      | 0.0          | 0        | \$        |                 | N/A             | 4   |        |
|      | 5h.                           | Other deductions. Specify:   | 5I       | h.+       | \$       |                      | 0.0          | ) -      | ⊦\$       |                 | N/A             | 4   |        |
| 6.   | Add                           | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.   | 6.       |           | \$       | 89                   | 4.88         | 8        | \$        |                 | N/A             | 4_  |        |
| 7.   | Cald                          | culate total monthly take-home pay. Subtract line 6 from line 4.   | 7.       | •         | \$       | 2,78                 | 8.4          | 5_       | \$        |                 | N/A             | 4   |        |
| 8.   | List<br>8a.                   | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.                      | 88       | a.        | \$       | ,                    | 0.00         | n        | \$        |                 | N/A             | Δ   |        |
|      | 8b.                           | Interest and dividends   | 81       |           | \$-      |                      | 0.00         | _        | \$_       |                 | N/A             |     |        |
|      | 8c.                           | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.   | 80       | c.        | \$       |                      | 0.00         | <u> </u> | \$        |                 | N/A             | _   |        |
|      | 8d.                           | Unemployment compensation  | 80       | d.        | \$       | (                    | 0.0          | 0        | \$        |                 | N/A             | 4   |        |
|      | 8e.                           | Social Security  | 86       | e.        | \$       | (                    | 0.0          | 0        | \$        |                 | N/A             | 4   |        |
|      | 8f.<br>8g.                    | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:  Pension or retirement income | 8f<br>8g |           | \$       |                      | 0.00<br>0.00 |          | \$_<br>\$ |                 | N/A             |     |        |
|      | 8h.                           | Other monthly income. Specify:   |          | y.<br>h.+ | · ·      |                      | 0.00         |          | · : —     |                 | N/A             | _   |        |
|      |                               |  | _        | 1         |          |                      |              |          | Ė         |                 |                 | È   |        |
| 9.   | Add                           | l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | 9.       | .         | \$       |                      | 0.0          | 0        | \$        |                 | N               | /A  |        |
| 10   | Cald                          | culate monthly income. Add line 7 + line 9.  | 10.      | \$        |          | 2,788.45             | 1.           | \$       |           | N/A             | = \$            | 2 7 | 788.45 |
| 10.  |                               | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   | 10.      | Ψ.        |          | 2,700.43             |              | Ψ_       |           | 11//            | -  <sup>-</sup> | ۷,1 | 00.43  |
| 11.  | Stat<br>Inclu<br>othe<br>Do r | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not acify:                            | dep      |           |          |                      |              |          |           | Schedule<br>11. |                 |     | 0.00   |
| 12.  |                               | I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certailies  |          |           |          |                      |              |          |           | 12.             | \$              |     | 788.45 |
| 13.  | Do y                          | you expect an increase or decrease within the year after you file this form No.  | ?        |           |          |                      |              |          |           |                 | month           |     | come   |
|      | _                             | Yes Evnlain:   |          |           |          |                      |              |          |           |                 |                 |     |        |

Official Form 106l Schedule I: Your Income page 2

|            |                                      |  |               |  |                          | -              |                                       |  |  |  |  |  |
|------------|--------------------------------------|--|---------------|--|--------------------------|----------------|---------------------------------------|--|--|--|--|--|
| Fill       | in this informat                     | tion to identify yo                                    | ur case:      |  |                          |                |                                       |  |  |  |  |  |
| Deb        | otor 1                               | Hugo Tellez-   | Macias        |  |                          | Ch             | eck if this is: An amended filing     |  |  |  |  |  |
|            | otor 2<br>ouse, if filing)           |  |               |  |                          |                | ·                                     | wing postpetition chapter the following date:          |  |  |  |  |
| Unit       | ted States Bankro                    | uptcy Court for the:                                   | DISTRI        | CT OF NEVADA   |                          | MM / DD / YYYY |                                       |  |  |  |  |  |
|            | se number<br>nown)                   |  |               |  |                          |                |                                       |  |  |  |  |  |
|            | fficial Fo                           |  |               |  |                          | -              |                                       |  |  |  |  |  |
| S          | chedule                              | J: Your I  | Exper         | nses   |                          |                |                                       | 12/15  |  |  |  |  |
| info       | ormation. If me                      |  | eded, atta    | . If two married people<br>ich another sheet to th<br>n. |                          |                |                                       |  |  |  |  |  |
|            |                                      | ibe Your House   | hold          |  |                          |                |                                       |  |  |  |  |  |
| 1.         | □ No                                 | line 2. s Debtor 2 live i                              | ·             | ate household?   | ses for Separate House   | ehold of De    | ebtor 2.                              |  |  |  |  |  |
| 2          |                                      |  | _             | , ,  | ,                        |                |                                       |  |  |  |  |  |
| 2.         | Do you have Do not list De Debtor 2. | e dependents?<br>ebtor 1 and                           | □ No ■ Yes.   | Fill out this information fo each dependent              | •                        |                | Dependent's age                       | Does dependent live with you?                          |  |  |  |  |
|            | Do not state dependents i            |  |               |  | Son                      |                | 1 Month                               | □ No<br>■ Yes  |  |  |  |  |
|            |                                      |  |               |  | Son                      |                | 3                                     | □ No ■ Yes   |  |  |  |  |
|            |                                      |  |               |  |                          |                |                                       | □ No   |  |  |  |  |
|            |                                      |  |               |  |                          |                |                                       | ☐ Yes<br>☐ No  |  |  |  |  |
|            |                                      |  |               |  |                          |                |                                       | ☐ Yes  |  |  |  |  |
| 3.<br>Do   | expenses of yourself and             | enses include<br>f people other the<br>d your depender | nan<br>nts? □ | No<br>Yes  |                          |                |                                       |  |  |  |  |  |
| Est<br>exp | imate your ex                        |  | our bankr     | uptcy filing date unles                                  |                          |                |                                       | apter 13 case to report<br>of the form and fill in the |  |  |  |  |
| the        |                                      | n assistance and                                       |               | government assistanc<br>cluded it on <i>Schedule</i>     |                          |                | Your exp                              | enses  |  |  |  |  |
| 4.         |                                      | r home owners  |               | nses for your residence<br>or lot.                       | e. Include first mortgag | e 4.           | \$                                    | 1,044.00   |  |  |  |  |
|            | If not includ                        | ed in line 4:  |               |  |                          |                |                                       |  |  |  |  |  |
|            | 4a. Real e                           | state taxes  |               |  |                          | 4a.            | \$                                    | 0.00   |  |  |  |  |
|            | •                                    | rty, homeowner's                                       |               |  |                          | 4b.            | · · · · · · · · · · · · · · · · · · · | 0.00   |  |  |  |  |
|            |                                      |  |               | upkeep expenses  |                          | 4c.            | · :                                   | 0.00   |  |  |  |  |
| 5.         |                                      | owner's associati<br>nortgage payme                    |               | our residence, such as                                   | home equity loans        | 4d.<br>5.      | ·                                     | 0.00<br>0.00   |  |  |  |  |

| ebtor 1 Hug              | o Tellez-Macias  | Case number (if k | known)   |
|--------------------------|--|-------------------|----------|
| . Utilities:             |  |                   |          |
|                          | tricity, heat, natural gas   | 6a. \$            | 120.00   |
| 6b. Wate                 | er, sewer, garbage collection  | 6b. \$            | 60.00    |
|                          | phone, cell phone, Internet, satellite, and cable services   | 6c. \$            | 150.00   |
|                          | er. Specify:   | 6d. \$            | 0.00     |
|                          | housekeeping supplies  | 7. \$             | 400.00   |
|                          | and children's education costs   | 8. \$             | 0.00     |
|                          | aundry, and dry cleaning   | 9. \$             |          |
| •                        |  | · —               | 250.00   |
|                          | care products and services   | · —               | 50.00    |
|                          | nd dental expenses   | 11. \$            | 0.00     |
|                          | ation. Include gas, maintenance, bus or train fare.<br>ude car payments.   | 12. \$            | 120.00   |
|                          | nent, clubs, recreation, newspapers, magazines, and books  | 13. \$            | 131.00   |
|                          | contributions and religious donations  | 14. \$            | 0.00     |
|                          | •  | 14. φ             | 0.00     |
| 5. Insurance             | ude insurance deducted from your pay or included in lines 4 or 20.   |                   |          |
| 15a. Life                |  | 15a. \$           | 21.78    |
|                          | th insurance   | 15b. \$           | 37.58    |
|                          | cle insurance  | 15c. \$           | 230.00   |
|                          | er insurance. Specify: SR 22   | 15d. \$           |          |
|                          |  | 15u. \$           | 30.00    |
| Specify:                 | not include taxes deducted from your pay or included in lines 4 or 20.   | 16. \$            | 0.00     |
|                          | t or lease payments:   |                   |          |
|                          | payments for Vehicle 1   | 17a. \$           | 431.00   |
|                          | payments for Vehicle 2   | 17b. \$           | 0.00     |
| 17c. Othe                | · · · · · · · · · · · · · · · · · · ·  | 17c. \$           | 0.00     |
| 17d. Othe                |  | 17d. \$           | 0.00     |
|                          | nents of alimony, maintenance, and support that you did not repor  |                   | 0.00     |
|                          | from your pay on line 5, Schedule I, Your Income (Official Form 10   | oi <i>j</i>       |          |
|                          | ments you make to support others who do not live with you.   | \$_               | 0.00     |
| Specify:                 |  | 19.               |          |
|                          | property expenses not included in lines 4 or 5 of this form or on 5  |                   |          |
|                          | gages on other property  | 20a. \$           | 0.00     |
|                          | estate taxes   | 20b. \$           | 0.00     |
| •                        | erty, homeowner's, or renter's insurance   | 20c. \$           | 0.00     |
|                          | tenance, repair, and upkeep expenses   | 20d. \$           | 0.00     |
| 20e. Hom                 | eowner's association or condominium dues   | 20e. \$           | 0.00     |
| l. Other: Spe            | ecify:   | 21+\$             | 0.00     |
| Calculate                | your monthly expenses  |                   |          |
|                          | nes 4 through 21.  | \$                | 3,075.36 |
|                          | line 22 (monthly expenses for Debtor 2), if any, from Official Form 106.   | _                 | 3,073.30 |
|                          | ,  | -                 |          |
| 22c. Add lii             | ne 22a and 22b. The result is your monthly expenses.   | \$_               | 3,075.36 |
|                          | your monthly net income.   |                   |          |
| 23a. Copy                | y line 12 (your combined monthly income) from Schedule I.  | 23a. \$           | 2,788.45 |
| 23b. Cop                 | y your monthly expenses from line 22c above.   | 23b\$             | 3,075.36 |
| 00- 0-1                  | and the same of th |                   |          |
|                          | ract your monthly expenses from your monthly income. result is your <i>monthly net income</i> .  | 23c. \$           | -286.91  |
| For example modification | pect an increase or decrease in your expenses within the year after, do you expect to finish paying for your car loan within the year or do you expect to the terms of your mortgage?  |                   |          |
| ■ No.                    | Evaluia hassa  |                   |          |
| ☐ Yes.                   | Explain here:  |                   |          |

| Elli to this to form of an in the officers and  |  | 1   |
|---|--|---|
| Fill in this information to identify your case:   |  | 4   |
| Debtor 1 Hugo Tellez-Macias First Name Middle Name  | Last Name                                |   |
| Debtor 2  | Editivanie                               |   |
| (Spouse if, filing) First Name Middle Name  | Last Name                                |   |
| United States Bankruptcy Court for the: DISTRICT OF NEVADA  |  |   |
| Case number   |  |   |
| (if known)  |  | Check if this is an amended filing  |
| Official Form 106Dec  Declaration About an Individual D  If two married people are filing together, both are equally responsib  You must file this form whenever you file bankruptcy schedules or a obtaining money or property by fraud in connection with a bankrup years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. | ole for supplying correct information.   |   |
| Sign Below  |  |   |
| Did you pay or agree to pay someone who is NOT an attorney  | to help you fill out bankruptcy forms?   |   |
| ■ No  |  |   |
| ☐ Yes. Name of person   |  | nkruptcy Petition Preparer's Notice,<br>on, and Signature (Official Form 119) |
| Under penalty of perjury, I declare that I have read the summary that they are true and correct.  | y and schedules filed with this declarat | ion and   |
| X /s/ Hugo Tellez-Macias  | X  |   |
| Hugo Tellez-Macias  |  |   |
| Signature of Debtor 1   | Signature of Debtor 2                    |   |

|                |   | nation to identify you                     |  |   |   |   |
|----------------|---|--|--|---|---|---|
| Deb            | tor 1   | Hugo Tellez-Mac                            | Middle Name  | Last Name   |   |   |
|                | tor 2<br>use if, filing)                      | First Name                                 | Middle Name  | Last Name   |   |   |
| Unit           | ed States Ba                                  | nkruptcy Court for the:                    | DISTRICT OF NEVADA   |   |   |   |
| Cas<br>(if kno | e number _                                    |  |  |   | _   | Check if this is an mended filing                     |
| Sta<br>Be a    | s complete a                                  | of Financial                               |  | re filing together, both are                          | ankruptcy equally responsible for sup                           |   |
| num<br>Pari    | ,   | n). Answer every que                       | stion.<br>arital Status and Where You  | Lived Refore  |   |   |
|                |   | r current marital statu                    |  |   |   |   |
|                | <ul><li>☐ Married</li><li>■ Not mai</li></ul> |  |  |   |   |   |
| 2.             | During the I                                  | ast 3 years, have you                      | lived anywhere other than  | where you live now?                                   |   |   |
|                | ■ No<br>□ Yes. Lis                            | t all of the places you l                  | ived in the last 3 years. Do no  | ot include where you live now                         | <i>ı</i> .  |   |
|                | Debtor 1 Pr                                   | ior Address:                               | Dates Debtor 1 lived there   | Debtor 2 Prior Ad                                     | dress:  | Dates Debtor 2<br>lived there                         |
|                |   |  |  |   | ity property state or territory<br>ico, Texas, Washington and W |   |
|                | ■ No<br>□ Yes. Ma                             | ake sure you fill out <i>Scl</i>           | hedule H: Your Codebtors (Of   | ficial Form 106H).                                    |   |   |
| Part           | Explai  | n the Sources of You                       | r Income   |   |   |   |
|                | Fill in the total                             | al amount of income yo                     | nployment or from operatin<br>u received from all jobs and a<br>have income that you receive | Ill businesses, including part-                       |   | ndar years?   |
|                | □ No<br>■ Yes. Fil                            | in the details.                            |  |   |   |   |
|                |   |  | Debtor 1   |   | Debtor 2  |   |
|                |   |  | Sources of income<br>Check all that apply.   | Gross income<br>(before deductions and<br>exclusions) | Sources of income<br>Check all that apply.                      | Gross income<br>(before deductions<br>and exclusions) |
|                | •   | of current year until<br>d for bankruptcy: | ■ Wages, commissions, bonuses, tips  | \$25,395.64   | ☐ Wages, commissions, bonuses, tips                             |   |
|                |   |  | ☐ Operating a business   |   | ☐ Operating a business  |   |

Official Form 107

| Deptor 1 Hug                       | go renez                          | -Macias                  |   | Cas  | e number ( <i>if known</i> ) _ |              |   |
|------------------------------------|-----------------------------------|--------------------------|---|--|--------------------------------|--------------|---|
|                                    |                                   |                          | Debtor 1  |  | Debtor 2                       |              |   |
|                                    |                                   |                          | Sources of income<br>Check all that apply.  | Gross income<br>(before deductions and<br>exclusions)  | Sources of inco                |              | Gross income<br>(before deductions<br>and exclusions) |
| For last calend<br>(January 1 to I |                                   | 31, 2018 )               | ■ Wages, commissions, bonuses, tips   | \$41,877.00  | ☐ Wages, comm<br>bonuses, tips | issions,     |   |
|                                    |                                   |                          | ☐ Operating a business  |  | Operating a bi                 | usiness      |   |
| For the calend<br>(January 1 to I  |                                   |                          | ■ Wages, commissions, bonuses, tips   | \$26,763.00  | ☐ Wages, comm<br>bonuses, tips | issions,     |   |
|                                    |                                   |                          | ☐ Operating a business  |  | Operating a bi                 | ısiness      |   |
| For the calend<br>(January 1 to I  | ar year:<br>December              | 31, 2016 )               | ■ Wages, commissions, bonuses, tips   | \$24,919.00  | ☐ Wages, comm<br>bonuses, tips | issions,     |   |
|                                    |                                   |                          | ☐ Operating a business  |  | Operating a bi                 | usiness      |   |
| ■ No<br>□ Yes. F                   | Fill in the do                    | etails.                  | Debtor 1 Sources of income Describe below.  | Gross income from each source                          | Debtor 2<br>Sources of inco    | me           | Gross income (before deductions                       |
|                                    |                                   |                          |   | (before deductions and exclusions)                     |                                |              | and exclusions)                                       |
| Part 3: List                       | Certain Pa                        | ayments You              | ı Made Before You Filed for I   | Bankruptcy   |                                |              |   |
| ☐ No.                              | Neither D                         | ebtor 1 nor I            | 2's debts primarily consumer<br>Debtor 2 has primarily consu<br>a personal, family, or househol     | imer debts. Consumer debt                              | s are defined in 11 L          | J.S.C. § 101 | (8) as "incurred by an                                |
|                                    |                                   | •                        | ore you filed for bankruptcy, di  | d you pay any creditor a tota                          | l of \$6,825* or more          | ?            |   |
|                                    | □ <sub>No.</sub> □ <sub>Yes</sub> | Go to line T             | 7.<br>each creditor to whom you pai   | d a total of \$6.825* or more i                        | n one or more pavm             | ents and th  | ne total amount vou                                   |
|                                    |                                   | paid that connot include | reditor. Do not include payment<br>payments to an attorney for that<br>on 4/01/22 and every 3 years | its for domestic support oblig<br>his bankruptcy case. | ations, such as chile          | d support ar | nd alimony. Also, do                                  |
| ■ Yes.                             |                                   |                          | or both have primarily consu  |  | I of \$600 or more?            |              |   |
|                                    | ■ No.                             | Go to line               | 7.  |  |                                |              |   |
|                                    | □ Yes                             | include pay              | each creditor to whom you pai<br>yments for domestic support ol<br>r this bankruptcy case.          |  |                                |              |   |
| Creditor's                         | Name an                           | d Address                | Dates of payme  | nt Total amount  | Amount you still owe           | Was this p   | ayment for  |

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Case number (if known)

| 7.  | Within 1 year before you filed for bankrupt <i>Insiders</i> include your relatives; any general part of which you are an officer, director, person in a business you operate as a sole proprietor. It alimony. | artners; relatives of any geno<br>a control, or owner of 20% of | eral partners; partners<br>r more of their voting | erships of which yo<br>g securities; and a | u are a genera<br>ny managing a | al partner; corporations<br>gent, including one for |
|-----|--|---|---|--|---------------------------------|---|
|     | <ul><li>■ No</li><li>□ Yes. List all payments to an insider.</li></ul>   |   |   |  |                                 |   |
|     | Insider's Name and Address   | Dates of payment  | Total amount paid                                 | Amount you still owe                       | Reason for                      | this payment  |
| 8.  | Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cos   |   | ments or transfer a                               | ny property on a                           | ccount of a d                   | ebt that benefited an                               |
|     | <ul><li>■ No</li><li>☐ Yes. List all payments to an insider</li></ul>  |   |   |  |                                 |   |
|     | Insider's Name and Address   | Dates of payment  | Total amount paid                                 | Amount you still owe                       | Reason for                      | this payment<br>itor's name                         |
| Day | rt 4: Identify Legal Actions, Repossession   | no and Faraslasuras   |   |  |                                 |   |
| 9.  | Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes.  No Yes. Fill in the details.  Case title Case number                       |   |   |  |                                 | t or custody  |
| 10. | Within 1 year before you filed for bankrupt Check all that apply and fill in the details belo  No. Go to line 11.  Yes. Fill in the information below.  Creditor Name and Address                              |   |   | oreclosed, garnis                          | hed, attached                   | d, seized, or levied?  Value of the property        |
| 11. | Within 90 days before you filed for bankrul accounts or refuse to make a payment bed  ■ No □ Yes. Fill in the details.   | ptcy, did any creditor, incl<br>cause you owed a debt?          | luding a bank or fir                              |  |                                 |   |
|     | Creditor Name and Address  | Describe the action the   | creditor took                                     | Date<br>taken                              | action was                      | Amount  |
|     | Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a  No Yes  List Certain Gifts and Contributions  |   | erty in the possess                               | ion of an assigne                          | e for the bene                  | efit of creditors, a                                |
| 13. | Within 2 years before you filed for bankrup  ■ No  □ Yes. Fill in the details for each gift.   | otcy, did you give any gifts                                    | s with a total value                              | of more than \$60                          | 0 per person                    | ?   |
|     | Gifts with a total value of more than \$600 per person   | Describe the gifts  |   | Dates<br>the g                             | s you gave<br>ifts              | Value   |
|     | Person to Whom You Gave the Gift and Address:  |   |   |  |                                 |   |

Debtor 1 Hugo Tellez-Macias

Case number (if known)

| 4.  |   | ptcy, did you give any gifts or contribution  | s with a total value of more tha   | nn \$600 to any charity?   |
|-----|---|---|--|----------------------------|
|     | <ul><li>No</li><li>☐ Yes. Fill in the details for each gift or col</li></ul>  | ontribution.  |  |                            |
|     | Gifts or contributions to charities that to more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)                 | Describe what you contributed   | Dates you contributed  | Value                      |
| Par | t 6: List Certain Losses  |   |  |                            |
|     |   | otcy or since you filed for bankruptcy, did y   | ou lose anything because of th   | neft, fire, other disaster |
|     | ■ No □ Yes. Fill in the details.  |   |  |                            |
|     | how the loss occurred   | Describe any insurance coverage for the lo<br>Include the amount that insurance has paid. L<br>insurance claims on line 33 of Schedule A/B: | ist pending loss   | Value of property<br>lost  |
| Dar | t 7: List Certain Payments or Transfers   | installate stating on the do of Goriodale 702.  | Topony.  |                            |
|     | □ No ■ Yes. Fill in the details.  Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Yo                 | Description and value of any propertransferred  | erty Date payment or transfer was made                                     | Amount of payment          |
|     | Ryan Alexander Chtd.<br>3017 W Charleston Blvd. Suite 58<br>Las Vegas, NV 89102<br>Ryan@RyanAlexander.us                                      | Attorney Fees   | 8/2/2019   | \$800.00                   |
| 7.  |   | otcy, did you or anyone else acting on your<br>itors or to make payments to your creditors<br>you listed on line 16.                        |  | perty to anyone who        |
|     | Person Who Was Paid<br>Address  | Description and value of any proper transferred   | Date payment or transfer was made  | Amount of payment          |
| 8.  | transferred in the ordinary course of your Include both outright transfers and transfers include gifts and transfers that you have already No | made as security (such as the granting of a se  |  |                            |
|     | ☐ Yes. Fill in the details.  Person Who Received Transfer  Address  | Description and value of property transferred   | Describe any property or<br>payments received or debts<br>paid in exchange | Date transfer was made     |
|     | Person's relationship to you  |   |  |                            |

Debtor 1 Hugo Tellez-Macias

Within 10 years before you filed for hankruntey, did you transfer any property to a solf-sottled trust or similar device of which you are a

| Debtor 1 | Hugo | Tellez- | Macias |
|----------|------|---------|--------|
|----------|------|---------|--------|

Case number (if known)

|      | beneficiary? (These are often called asset-prote  No  Yes. Fill in the details.  |   | у ргорену во а             | 3611-36ttl6 | u trust of similar device                                     | or writerr you are a                          |
|------|--|---|----------------------------|-------------|---|---|
|      | Name of trust  | Description and v   | alue of the pro            | perty trans | ferred  | Date Transfer was made                        |
| Part | 8: List of Certain Financial Accounts, Instr   | ruments, Safe Deposit   | Boxes, and St              | orage Unit  | s   |   |
|      | Within 1 year before you filed for bankruptcy, sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, associations. | other financial accour  | nts; certificates          | of deposit  |   | , ,   |
|      | ■ No □ Yes. Fill in the details.   |   |                            |             |   |   |
|      |  | Last 4 digits of account number                                     | Type of account instrument | unt or      | Date account was<br>closed, sold,<br>moved, or<br>transferred | Last balance<br>before closing or<br>transfer |
|      | Do you now have, or did you have within 1 ye cash, or other valuables?   | ar before you filed for   | bankruptcy, ar             | ny safe dep | oosit box or other deposi                                     | itory for securities,                         |
|      | <ul><li>No</li><li>Yes. Fill in the details.</li></ul>   |   |                            |             |   |   |
|      | Name of Financial Institution<br>Address (Number, Street, City, State and ZIP Code)  | Who else had acc<br>Address (Number, State and ZIP Code)            |                            | Describe    | the contents  | Do you still have it?                         |
| 22.  | Have you stored property in a storage unit or  | place other than your   | home within 1              | year befor  | e you filed for bankrupto                                     | ey?   |
|      | ■ No<br>□ Yes. Fill in the details.  |   |                            |             |   |   |
|      | Name of Storage Facility Address (Number, Street, City, State and ZIP Code)  | Who else has or h<br>to it?<br>Address (Number, State and ZIP Code) |                            | Describe    | the contents  | Do you still have it?                         |
| Part | 9: Identify Property You Hold or Control fo  | or Someone Else   |                            |             |   |   |
| -    | Do you hold or control any property that som for someone.  | eone else owns? Inclu   | ude any propert            | ty you borr | owed from, are storing f                                      | or, or hold in trust                          |
|      | ■ No □ Yes. Fill in the details.   |   |                            |             |   |   |
|      | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)   | Where is the prop<br>(Number, Street, City, S<br>Code)              |                            | Describe    | the property  | Value   |
|      | 10: Give Details About Environmental Information   |   |                            |             |   |   |
| -    | Environmental law means any federal, state, or toxic substances, wastes, or material into the regulations controlling the cleanup of these s                               | or local statute or regu  | water, ground              |             |   |   |
|      | Site means any location, facility, or property a to own, operate, or utilize it, including dispos  | as defined under any e  |                            | aw, wheth   | er you now own, operate                                       | e, or utilize it or used                      |
|      | Hazardous material means anything an enviro<br>hazardous material, pollutant, contaminant, o   |   | as a hazardous             | waste, ha   | zardous substance, toxid                                      | c substance,                                  |

Official Form 107

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

| Debtor 1 | Hugo | Tellez- | Macias |
|----------|------|---------|--------|
| 200101   | Hugo | 1 61162 | wacias |

Case number (if known)

| 24. | Has   | any governmental unit notified you that  | you may be liable or potentially liable                                    | under or in violation of an                | environme   | ental law?         |
|-----|-------|--|--|--|-------------|--------------------|
|     |       | No<br>Yes. Fill in the details.  |  |  |             |                    |
|     |       | me of site<br>dress (Number, Street, City, State and ZIP Code)                       | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code) | Environmental law, if know it              | you         | Date of notice     |
| 25. | Hav   | e you notified any governmental unit of  | any release of hazardous material?   |  |             |                    |
|     |       | No<br>Yes. Fill in the details.  |  |  |             |                    |
|     |       | me of site<br>dress (Number, Street, City, State and ZIP Code)                       | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code) | Environmental law, if know it              | you         | Date of notice     |
| 26. | Hav   | e you been a party in any judicial or adm  | ninistrative proceeding under any envi                                     | ronmental law? Include se                  | ttlements a | ind orders.        |
|     |       | No<br>Yes. Fill in the details.  |  |  |             |                    |
|     |       | se Title<br>se Number  | Court or agency Name Address (Number, Street, City, State and ZIP Code)    | Nature of the case                         |             | Status of the case |
| Par | t 11: | Give Details About Your Business or 0  | Connections to Any Business  |  |             |                    |
| 27. | With  | nin 4 years before you filed for bankrupte   | cy, did you own a business or have an                                      | y of the following connect                 | ions to any | business?          |
|     |       | $\square$ A sole proprietor or self-employed in                                      | n a trade, profession, or other activity,                                  | either full-time or part-time              | е           |                    |
|     |       | ☐ A member of a limited liability compa  | any (LLC) or limited liability partnershi                                  | p (LLP)                                    |             |                    |
|     |       | ☐ A partner in a partnership   |  |  |             |                    |
|     |       | ☐ An officer, director, or managing exe  | ecutive of a corporation   |  |             |                    |
|     |       | ☐ An owner of at least 5% of the voting  | g or equity securities of a corporation                                    |  |             |                    |
|     |       | No. None of the above applies. Go to P   | art 12.  |  |             |                    |
|     |       | Yes. Check all that apply above and fill   | in the details below for each business                                     |  |             |                    |
|     |       | siness Name  | Describe the nature of the business  | Employer Identificati                      |             |                    |
|     |       | dress nber, Street, City, State and ZIP Code)  | Name of accountant or bookkeeper   | Do not include Social Dates business exist | •           | number or IIIN.    |
| 28. |       | nin 2 years before you filed for bankrupto<br>itutions, creditors, or other parties. | cy, did you give a financial statement t                                   | o anyone about your busi                   | ness? Inclu | de all financial   |
|     |       | No   |  |  |             |                    |
|     |       | Yes. Fill in the details below.  |  |  |             |                    |
|     |       | me<br>dress<br>nber, Street, City, State and ZIP Code)                               | Date Issued  |  |             |                    |
|     |       |  |  |  |             |                    |

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| Debtor 1 Hugo Tellez-Macias                        | Case number (if kno  | wn)                     |
|--|--|-------------------------|
| Part 12: Sign Below                                |  |                         |
| are true and correct. I understand that r          | ent of Financial Affairs and any attachments, and I declare under plaking a false statement, concealing property, or obtaining moneyes up to \$250,000, or imprisonment for up to 20 years, or both. |                         |
| /s/ Hugo Tellez-Macias                             |  |                         |
| Hugo Tellez-Macias<br>Signature of Debtor 1        | Signature of Debtor 2  | _                       |
| Date August 19, 2019                               | Date   | _                       |
| Did you attach additional pages to Your ■ No □ Yes | Statement of Financial Affairs for Individuals Filing for Bankrupto  | cy (Official Form 107)? |
| Did you pay or agree to pay someone w ■ No         | no is not an attorney to help you fill out bankruptcy forms?   |                         |
| ☐ Yes. Name of Person Attach th                    | e Bankruptcy Petition Preparer's Notice, Declaration, and Signature (O   | Official Form 119).     |

|                     | 0000 10 1002  | EU DID DOO'T EIN                | Crea 00/10/10 10:10:40   | 1 age 41 01 40                       |
|---------------------|---|---------------------------------|--|--------------------------------------|
|                     |   |                                 |  |                                      |
|                     |   |                                 |  |                                      |
| Fill in this inform | mation to identify your                               | case:                           |  |                                      |
| Debtor 1            | Hugo Tellez-Mac                                       | ias                             |  |                                      |
|                     | First Name  | Middle Name                     | Last Name  | -                                    |
| Debtor 2            |   |                                 |  |                                      |
| (Spouse if, filing) | First Name  | Middle Name                     | Last Name  |                                      |
| United States Ba    | ankruptcy Court for the:                              | DISTRICT OF NEVADA              |  | -                                    |
| Case number         |   |                                 |  |                                      |
| (if known)          |   |                                 |  | ☐ Check if this is an amended filing |
|                     |   |                                 |  |                                      |
| Official Fo         |   |                                 |  |                                      |
| Official Fo         | 0111 108  |                                 |  |                                      |
| <b>Statemer</b>     | nt of Intentic  | on for Individual               | ls Filing Under Cha  | pter 7 12/15                         |
|                     |   |                                 | <u> </u>   |                                      |
| If you are an indi  | ividual filing under cha                              | apter 7, you must fill out this | form if:   |                                      |
|                     | e claims secured by yo                                |                                 |  |                                      |
| _                   |   | and the lease has not expired   | I.   |                                      |
| You must file thi   | s form with the court we<br>ever is earlier, unless t | within 30 days after you file y | our bankruptcy petition or by the da<br>cause. You must also send copies t |                                      |
| If two married pe   | eople are filing togethe                              | r in a joint case, both are equ | ually responsible for supplying corre                                      | ect information. Both debtors must   |

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

| Identify the creditor and the property that is collateral | What do you intend to do with the property that secures a debt?    | Did you claim the property as exempt on Schedule C? |
|---|--|---|
| Creditor's  | ☐ Surrender the property.  | □ No  |
| name:   | Retain the property and redeem it.                                 |   |
| Description of property                                   | ☐ Retain the property and enter into a<br>Reaffirmation Agreement. | Yes   |
| securing debt:  | ☐ Retain the property and [explain]:                               |   |
| Creditor's  | ☐ Surrender the property.  | □ No  |
| name:   | ☐ Retain the property and redeem it.                               |   |
| Description of  | Retain the property and enter into a Reaffirmation Agreement.      | ☐ Yes   |
| property securing debt:                                   | ☐ Retain the property and [explain]:                               |   |
| Creditor's  | ☐ Surrender the property.  | □ No  |
| name:   | ☐ Retain the property and redeem it.                               | <b>- 140</b>  |
| Description of  | Retain the property and enter into a  Reaffirmation Agreement.     | ☐ Yes   |
| property securing debt:                                   | ☐ Retain the property and [explain]:                               |   |
| Creditor's  | ☐ Surrender the property.  | □ No  |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

## Case 19-15329-btb Doc 1 Entered 08/19/19 16:15:46 Page 42 of 45

| Debtor 1 Hugo Tellez-Macias  | Case number (if k  | nown)                                   |
|--|--|---|
| name:  | ☐ Retain the property and redeem it.   | ☐ Yes                                   |
|  | ☐ Retain the property and enter into a   |   |
| Description of   | Reaffirmation Agreement.   |   |
| property   | ☐ Retain the property and [explain]:   |   |
| securing debt:   |  |   |
| Part 2: List Your Unexpired Personal I   | Property Leases  |   |
| in the information below. Do not list real   | se that you listed in Schedule G: Executory Contracts and Une estate leases. Unexpired leases are leases that are still in effect property lease if the trustee does not assume it. 11 U.S.C. § 36 | et; the lease period has not yet ended. |
| Describe your unexpired personal prope   | erty leases  | Will the lease be assumed?              |
| Lessor's name:   |  | □ No                                    |
| Description of leased Property:  |  |   |
| Floperty.  |  | ☐ Yes                                   |
| Lessor's name:   |  | □ No                                    |
| Description of leased Property:  |  |   |
|  |  | ☐ Yes                                   |
| Lessor's name:   |  | □ No                                    |
| Description of leased<br>Property:   |  | ☐ Yes                                   |
| Lessor's name:   |  | □ No                                    |
| Description of leased  |  | _                                       |
| Property:  |  | ☐ Yes                                   |
| Lessor's name:   |  | □ No                                    |
| Description of leased Property:  |  | <b></b>                                 |
| riopeity.  |  | ☐ Yes                                   |
| Lessor's name:<br>Description of leased  |  | □ No                                    |
| Property:  |  | ☐ Yes                                   |
| Lessor's name:<br>Description of leased  |  | □ No                                    |
| Property:  |  | ☐ Yes                                   |
| Part 3: Sign Below   |  |   |
| Under penalty of perjury, I declare that I h<br>property that is subject to an unexpired I | nave indicated my intention about any property of my estate the ease.  | at secures a debt and any personal      |
| X /s/ Hugo Tellez-Macias   | x  |   |
| Hugo Tellez-Macias   | Signature of Debtor 2  |   |
| Signature of Debtor 1  |  |   |
| Date August 19, 2019   | Date   |   |
|  |  |   |

Official Form 108

B2030 (Form 2030) (12/15)

# United States Bankruptcy Court District of Nevada

|      | Dist  | rici oi Nevaua  |  |  |  |
|------|---|---|--|--|--|
| In r | Hugo Tellez-Macias  |   | Case No.   |  |  |
|      |   | Debtor(s)   | Chapter  | 7  |  |
| 1.   | <b>DISCLOSURE OF COMPENSA</b> Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I c compensation paid to me within one year before the filing of the be rendered on behalf of the debtor(s) in contemplation of or in  | ertify that I am the attorne petition in bankruptcy.  | ney for the above nan<br>or agreed to be paid  | ned debtor(s) and to<br>to me, for services  |  |
|      | For legal services, I have agreed to accept   |   |  | 800.00   |  |
|      | Prior to the filing of this statement I have received   |   |  | 800.00   |  |
|      | Balance Due   |   |  | 0.00   |  |
| 2.   | The source of the compensation paid to me was:  |   |  |  |  |
|      | ■ Debtor □ Other (specify):   |   |  |  |  |
| 3.   | The source of compensation to be paid to me is:   |   |  |  |  |
|      | ■ Debtor □ Other (specify):   |   |  |  |  |
| 5.   | ■ I have not agreed to share the above-disclosed compensation we copy of the agreement, together with a list of the names of the agreement, together with a list of the names of the agreement, together with a list of the names of the agreement, together with a list of the names of the agreement, together with a list of the names of the agreed to render left as the agreed to render left as the preparation and filing of any petition, and rendering as the preparation and filing of any petition, schedules, statement concepts as the meeting of creditors and defended to the meeting of creditors and defended to the provisions as needed.  Negotiations with secured creditors to reduce reaffirmation agreements and applications as 522(f)(2)(A) for avoidance of liens on households.  By agreement with the debtor(s), the above-disclosed fee does Representation of the debtors in any discharge any other adversary proceeding. | with a person or persons with the people sharing in the egal service for all aspect dvice to the debtor in det of affairs and plan which confirmation hearing, as to market value; extended; preparation old goods. | who are not members compensation is attacted to the bankruptcy of a may be required; and any adjourned hear the bankruptcy of the bankrupt | or associates of mached.  case, including: file a petition in barrings thereof;  preparation and ons pursuant to | y law firm. A  nkruptcy;  d filing of 11 USC |
|      | I certify that the foregoing is a complete statement of any agree   |   | payment to me for r  | epresentation of th  | e debtor(s) in                               |
| this | pankruptcy proceeding.  | C   |  | 1  | , ,  |
| _    | August 19, 2019<br>Date   | /s/ Ryan Alexand<br>Ryan Alexander<br>Signature of Attorna<br>Ryan Alexander<br>3017 W Charleste<br>Las Vegas, NV 8<br>(702) 868-3311 F<br>Ryan@RyanAlex<br>Name of law firm  | cy<br>Chtd.<br>on Blvd. Suite 58<br>9102<br>Fax: (702) 822-113   | 3  |  |

### United States Bankruptcy Court District of Nevada

|      |                                    | District of Nevaua                                |                     |                       |
|------|------------------------------------|---|---------------------|-----------------------|
| ı re | Hugo Tellez-Macias                 |   | Case No.            |                       |
|      |                                    | Debtor(s)   | Chapter             | 7                     |
|      | VFRI                               | FICATION OF CREDITOR                              | MATRIX              |                       |
|      | , ERL                              |   |                     |                       |
|      |                                    |   |                     |                       |
| ab   | ove-named Debtor hereby verifies t | hat the attached list of creditors is true and of | correct to the best | of his/her knowledge. |
| ate: | August 19, 2019                    | /s/ Hugo Tellez-Macias                            |                     |                       |
|      |                                    | Hugo Tellez-Macias                                |                     |                       |
|      |                                    | Signature of Debtor                               |                     |                       |

Hugo Tellez-Macias 3263 E Flamingo Rd. #208 Las Vegas, NV 89121

Ryan Alexander Ryan Alexander Chtd. 3017 W Charleston Blvd. Suite 58 Las Vegas, NV 89102

Capital One Acct No 8050 Attn: Insolvency 1680 Capital One Drive Mc Lean, VA 22102

Credit Acceptance Corporation Acct No 15C005881 C/O Kravitz, Schnitzer & Johnson Chtd Cristopher J Halcrow 8985 S Eastern Ave, Suite 200 Las Vegas, NV 89123

Desert Springs Hospital Acct No 000031059249 2075 E. Flamingo Rd. Las Vegas, NV 89119

Oportun Acct No Unknown PO Box 4085 Menlo Park, CA 94026

Progressive Leasing Acct No 13184341 256 West Data Dr Draper, UT 84020

Signature Management Acct No T0007773 801 South Rancho Dr Las Vegas, NV 89106